

CLAIMS ONLY							Application Number 10/659193	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/	/	/				51					
2	/		/				52					
3	/		/				53					
4	/		/				54					
5	/		/				55					
6	/		/				56					
7	/		/				57					
8	/		/				58					
9	/		/				59					
10	/		/				60					
11	/		/				61					
12	/		/				62					
13	/		/				63					
14	/		/				64					
15	/		/				65					
16	/		/				66					
17	/		/				67					
18	/		/				68					
19	/		/				69					
20	/		/				70					
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23	/		/				73					
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29	/		/				79					
30	/		/				80					
31	/		/				81					
32							82					
33							83					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	/		/				Total Indep					
Total Depend	30	←	30	←		←	Total Depend	←	←	←		
Total Claims	31		31				Total Claims					